



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. BOX 15606
KANSAS CITY, MISSOURI - 64106

11/17/80

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER °

MOD031003767
ABEX CORPORATION
6600 RIDGE AVENUE
ST LOUIS
1

63133

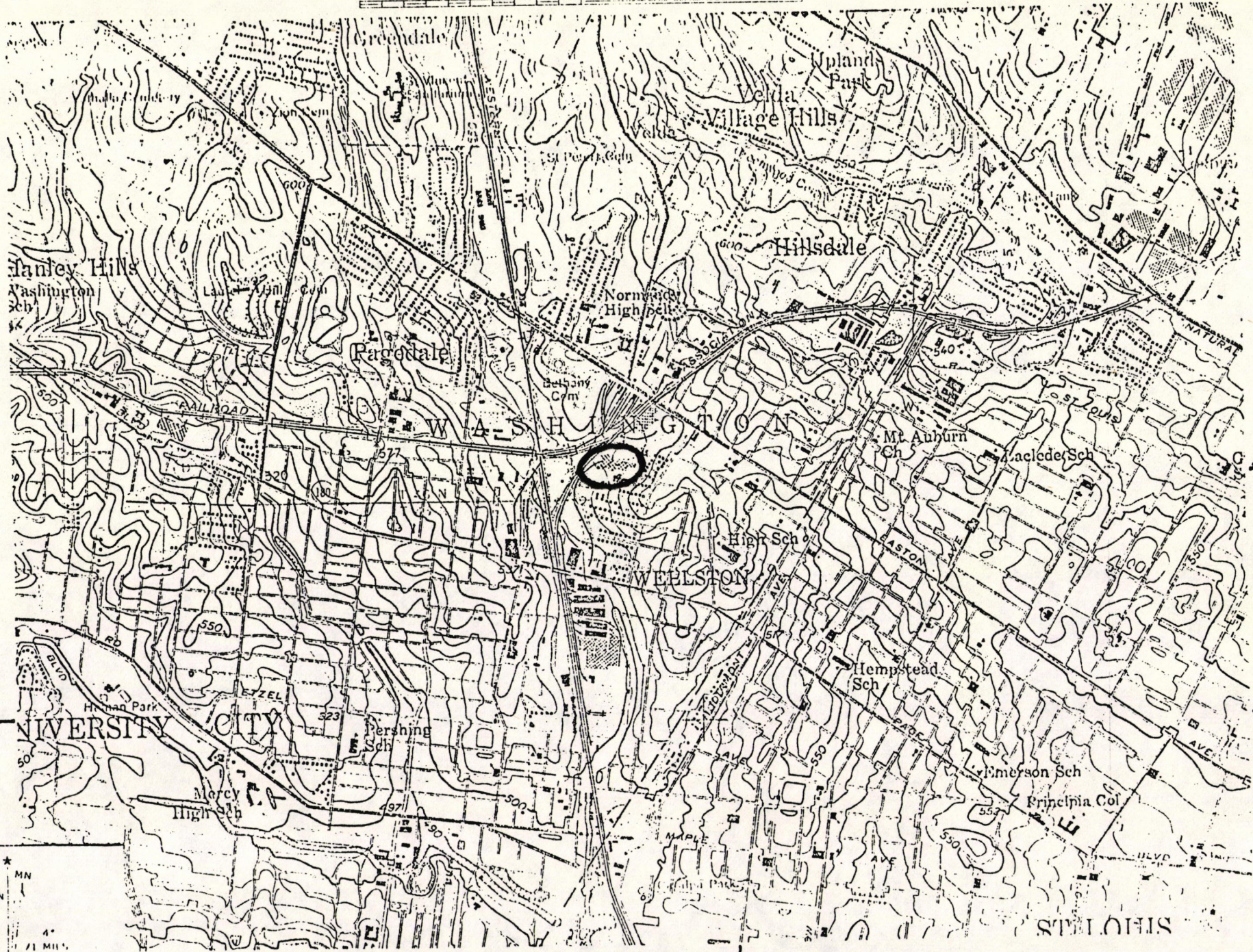
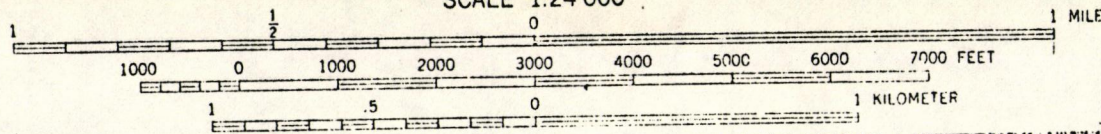
FACILITY ADDRESS °

440457



RCRA RECORDS

SCALE 1:24 000



38°40' 38"

38°40'

38°40'

90°17'30"

00°17'30"

1:41' 10 MIL
4" 11 MIL

ABEX

An IC Industries Company

Abex Corporation
6600 Ridge Avenue
St. Louis, Missouri 63133

E.P.A. Region VII
P.O. Box 15606
Kansas City, Missouri 64106

RE: RCRA Hazardous Waste Permit

Gentlemen:

Enclosed is our completed Form 1 and Form 3, RCRA Part A. We have ordered but not received our aerial photo. This will be forwarded as soon as received.

Mary E. Bill

M. E. Bill
Acting Works Manager

MEB/fto

Part A, Permit Process --- Internal Checklist

ID Number MOD031003767 Firm Name Abex CorporationPHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 1 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 3 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 & 3	Postmarked on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Notif. record	Notifier?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
"	Notified on or before August 18, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 1, XIII B signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 3, IX B Signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

DEC 17 1980PHASE TWO

1	Unsure if regulated or non-regulated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	New facility?	<input type="checkbox"/>	<input type="checkbox"/>
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification____; process info____; waste info____; owner____; sigs____.		

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:
Maps____; photos____; drawings____; lat/long____.
Other observations and comments:

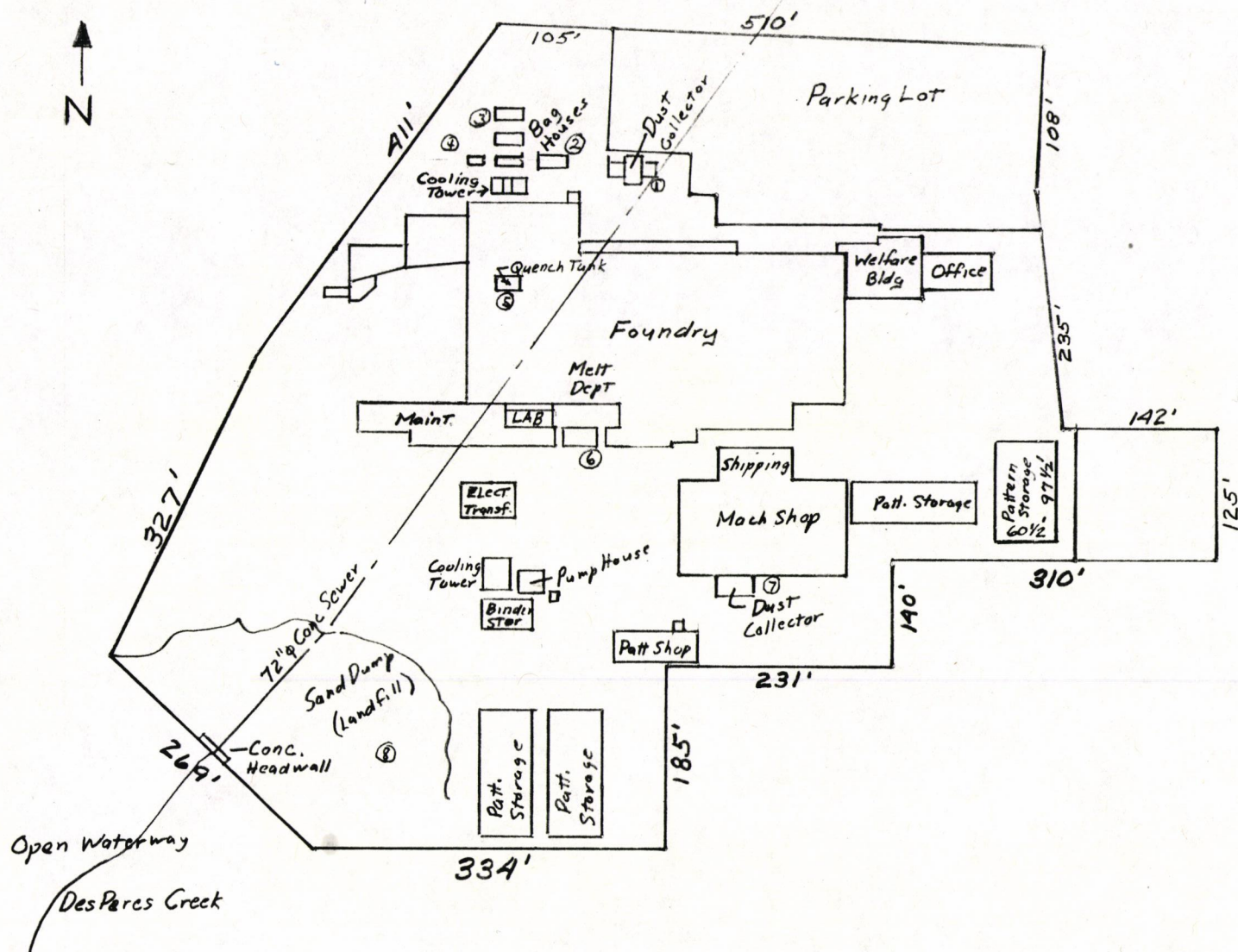
DATE SENT BACK II 5/1

DATE RETURNED _____

Received Date Stamp

NOV 17 1980

(Stamp forms also)



SEE OVER

Abex Cast Products Group

St. Louis

Plot Plan

Scale 1/16" = 10'

10-14-80

- (1.) Wet Collector - Sand System, Shakeout
- (2.) Melting Baghouse
- (3.) Burning Baghouses (3)
- (4.) Grinding Baghouse
- (5.) Quench Tank
- (6.) Reclaim Baghouse
- (7.) Machine Shop Collector
- (8.) Landfill - All Of Above Seven, 7, Items Taken To This Area For Eventual Off Site Disposal

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
S													S												
W M 0 0 3 1 0 0 3 7 6 7													W DUP												
1 2 13 14 15													1 2 13 14 15 23 26												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)					B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																	
								1. PROCESS CODES (enter)																	
	23	24	25	26	27		36	27	28	29	27	28	29	27	28	29	27	28	29	2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	F	0	1	2		124	T	T	0	1	S	0	3	D	8	0									
2	K	0	6	1		35	T	S	0	3	D	8	0												
3	D	0	0	4		20	T	S	0	3	D	8	0												
4	D	0	0	6		20	T	S	0	3	D	8	0												
5	D	0	0	7		511	T	S	0	3	D	8	0												
6	D	0	0	8		173,457	T	S	0	3	D	8	0												
7	D	0	0	8		624	T	T	0	1	S	0	3	D	8	0									
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FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
I. EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

SPECIFIC QUESTIONS		MARK 'X'			SPECIFIC QUESTIONS		MARK 'X'		
		YES	NO	FORM ATTACHED			YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	

III. NAME OF FACILITY	
1	ABEX CORPORATION

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2	BILL MARY ACTING WORKS MANAGER

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	6600 RIDGE AVENUE
B. CITY OR TOWN	
4	ST. LOUIS
C. STATE	
5	MO
D. ZIP CODE	
6	63133

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5	6600 RIDGE AVENUE
B. COUNTY NAME	
6	ST. LOUIS
C. CITY OR TOWN	
6	ST. LOUIS
D. STATE	
7	MO
E. ZIP CODE	
8	63133
F. COUNTY CODE (if known)	
9	

NOV 17 1980

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	3	3	2	5	(specify) Steel Foundry					C	7	(specify)								
15	16	-	19							15	16	-	19								
C. THIRD										D. FOURTH											
C	7	(specify)								C	7	(specify)									
15	16	-	19							15	16	-	19								

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	ABEX CORPORATION																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																																																	66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)																														C A 3 1 4 3 8 5 6 4 7 2																													
E. STREET OR P.O. BOX																																																											
6 6 0 0 R I D G E A V E N U E																																																											
F. CITY OR TOWN																														G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B S T L O U I S																														M O										6 3 1 3 3										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15 16 - 40 41 42 47 - 51																														52																													

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	9	N													C	9	P														
15	16	17	18													15	16	17	18												
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	9	U													C	9	(specify)														
15	16	17	18													15	16	17	18												
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	9	R													C	9	(specify)														
15	16	17	18													15	16	17	18												

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture Steel Castings

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. M. Forquer Vice President	<i>R M Forquer</i>	11/12/80

COMMENTS FOR OFFICIAL USE ONLY

C
C
15 16 - 55

